
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

QUINTIN J BALLENTINE

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been
assigned)

-against-

NYCPD

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more
space, please write "see attached" in the space above and
attach an additional sheet of paper with the full list of
names. The names listed above must be identical to those
contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Title VI of the Civil Rights Act of 1964, Fourth Amendment, 10 U.S. Code § 897 - Art. 97, 25 CFR § 11.404, 18 U.S. Code § 242, 42 U.S. Code § 12112, 42 U.S. Code § 1983, 18 U.S. Code § 1201.

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, QUINTIN J BALLENTINE, is a citizen of the State of
(Plaintiff's name)

NEW YORK

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, NYCPD, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of

If the defendant is a corporation:

The defendant, NYCPD, is incorporated under the laws of
the State of

and has its principal place of business in the State of NEW YORK

or is incorporated under the laws of (foreign state)

and has its principal place of business in NEW YORK CITY.

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

<u>QUINTIN</u>	<u>J</u>	<u>BALLENTINE</u>
First Name	Middle Initial	Last Name
<u>99 Wall Street, Ste 3320</u>		
Street Address		
<u>New York</u>	<u>NY</u>	<u>10005</u>
County, City	State	Zip Code
<u>3477804326</u>	<u>ceo@majicventuresofus.com</u>	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Edward Caban
 First Name Last Name
commissioner. NYCPD
 Current Job Title (or other identifying information)
ONE POLICE PLAZA
 Current Work Address (or other address where defendant may be served)
NEW YORK, NY 10038
 County, City State Zip Code

Defendant 2: _____
 First Name Last Name

 Current Job Title (or other identifying information)

 Current Work Address (or other address where defendant may be served)

 County, City State Zip Code

Defendant 3: _____
 First Name Last Name

 Current Job Title (or other identifying information)

 Current Work Address (or other address where defendant may be served)

 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIMPlace(s) of occurrence: BRONX, NEW YORKDate(s) of occurrence: 06/01/2024**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

On the date in question, at 2681 Marion Avenue, Bronx, New York, members from the 52nd Precinct came into the premises of the said building on a seemingly unrelated matter, as it was later discovered that no one from the building had called them. Four officers from the above Precinct accosted me in the hallway of the building, specifically the lobby area. They repeatedly asked me if I was "ok" while making a reassuring posture on their service weapons, meaning that it was ready to be discharged. They asked me if I had called the police, and I told them that I had come into the building to retrieve a package for my Father for Father's Day, wearing a gold and black "psychological operations" US Army hat. They reassured me that I could call the police whenever I deemed fit, and I repeatedly asked them why they were in the building. They refused to give me a reasonable articulate suspicion of a crime being committed, initially refused to furnish me with any forms of identification, and also would not allow a supervisor to come to the facility when they told me that I "was in custody to undergo a psychiatric evaluation". I suffer from PTSD AND Anxiety related to the trauma I have sustained throughout my life, and I am currently in treatment for those issues. The building in question is a mixed-population facility with members from the community, as well as those struggling with behavioral health disorders and substance abuse, with a

Day. Upon entering the Emergency Room, the Emergency Room Staff injected me with a medication that I was known to be allergic to, haloperidol, because the officers had told them in route to the hospital that I was aggressive, violent, belligerent, and uncooperative, and needed to be sedated upon coming to the hospital and preferably admitted. However, body camera footage will show, from the day, none of my behavior was anything other than kind, respectful, and cooperative. I tried to ask the officers if they could retrieve money from my apartment and my identification. They scolded me and told me that "they know who you are," even though once I arrived at the hospital, I had nothing on me to verify that I was the same person as the individual in any records at St. Barnabus Hospital. I was kept overnight, where I was subjected to threats; a security officer stole my debit card in the Emergency room at said hospital, the security repeatedly threatened me, and I witnessed more than one patient being made fun of and abused. One patient, in particular, was unconscious and in custody by a police officer, who was making fun of him while he lay sedated in the Emergency Room. I was discriminated against because of my sexual orientation, disability, and ethnicity. They would not allow me to advocate for myself and made fun of me.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Irreparable cardiovascular damage stemming from being administered medication at the Hospital that I was allergic to, lost wages due to inability to work because of the PTSD I sustained from the event, which I sustain almost multiple times daily panic attacks from the event. Damage to my good standing and reputation in the community is seeing me taken out of the building in question like a prisoner, although I had committed no crime. Unpaid medical bills stemming from my inability to pay for the rising cost of behavioral health treatment deriving from the trauma of having five uniformed officers of the NYCPD SURROUND ME, in a threatening manner, with their hands near their service weapons, for no justifiable, and or legal justification.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

3.3 Million USD, Three Million Three Hundred Thousand Dollars, and which ever the court may deem just in proper related to the questions raised by this action.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7/30/2024

Dated

QUINTIN

J

Plaintiff's Signature

BALLENTINE

First Name

Middle Initial

Last Name

99 Wall Street, Ste 3320,

Street Address

New York

NY

10005

County, City

State

Zip Code

3477804326

ceo@majicventuresofus.com

Telephone Number

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



Social Security Administration Benefit Verification Letter

Date: June 17, 2024
BNC#: 24V2150H36101
REF: DI

0101BEV4P5W5LE3 CCNLM72 BEV4P R240617

QUINTIN JEROME BALLENTINE
2681 MARION AVE
APT 616
BRONX NY 10458-4101

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning May 2024, the current Supplemental Security Income payment is \$943.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on August 1, 2006.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Date of Birth Information

The date of birth shown on our records is January 8, 1988.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

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If You Have Questions**Need more help?**

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-877-619-2852**.

SOCIAL SECURITY
2ND FLOOR
2501 GRAND CONCOURSE
BRONX NY 10468

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration